

COVID-19 Assessment and testing pathway for use in a HOSPITAL SETTING



At entry to hospital: Segregate possible COVID-19 and non COVID-19 patients into two Parallel Streams

STANDARD PRECAUTIONS (SP)

See [here](#)

Criteria for COVID-19 parallel stream:

Recent onset of fever or chills and/or signs or symptoms of respiratory tract infection, which includes cough.

Clinical judgement should be employed when assessing these criteria.

Clinicians should be alert to the possibility of atypical presentations in patients who are immunocompromised.

- Patients should wear a surgical mask, if tolerated.

Rapidly differentiate into need for acute hospital assessment versus discharge to home assessment/testing

Discharge to community

Admission to hospital

If patient is well and does not need hospital admission, discharge for testing in the community:

- Testing in the community may be arranged through the patient's GP. If the patient does not have a GP, they will be facilitated, as detailed [here](#). **Do not use 999 OR 112.**
- The patient may be driven home by a person who has already had significant exposure, who is aware of the risks and who is willing to drive them. If patient had driven themselves, they may drive home if feeling well enough to drive.
- Patient must remain isolated at home **pending test results and symptom resolution**. See [here](#) for guidance on self-isolation.

- ISOLATE** in a single room if possible
- STANDARD, CONTACT & DROPLET PRECAUTIONS**
- See [Laboratory guidance for COVID-19](#) for details on SARS-CoV-2 testing: Combined swab for **NASOPHARYNGEAL** and **OROPHARYNGEAL SAMPLE** (one swab to test both is sufficient) or **Bronchoalveolar lavage (BAL)** or **ENDOTRACHEAL ASPIRATE** or **SPUTUM** (if produced).
- ADVICE** available from the **National Isolation Unit (NIU)** (adults): **01-830 1122** and **CHI** (paediatrics): **01-409 6100** as required (ask for ID Consultant on call).
- Continue isolation in a single room while awaiting test results.

LABORATORY TEST POSITIVE

- Laboratory** to inform **clinician** and input data on **CIDR**
- All patient management to be supported by input from **ID Clinician/Microbiologist** in line with [IPC guidance](#)
- PUBLIC HEALTH** to input information from [COVID-19 case form](#) on **CIDR**

Laboratory test: Not Detected
Maintain IPC precautions until discussed with IPC team.

CONTACT & DROPLET PRECAUTIONS:

- Hand Hygiene**
- Patient placement:** In a single room if available, or cohort if appropriate

PPE (see [here](#) for further information):

- Respiratory protection** (surgical mask)
- Gloves**
- Long-sleeved gown** (for high contact activities) / **apron** (for low contact activities)
- Eye protection** as per risk assessment* (face shield or goggles)

*where there is a risk of blood, body fluids, excretions or secretions (including respiratory secretions) splashing into the eyes.

AIRBORNE precautions for aerosol generating procedures

- As above but use an **FFP2 mask** (rather than surgical mask) and **long-sleeved gown**

Please note background colour coding indicates infection control precautions as per right-hand panel